



HEALTH PROFILE: EGYPT

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	12,000 (low-high estimate 5,000-31,000)
Estimated Population (end of 2003)	73.39 million
Adult HIV Prevalence (end 2003)	<0.1%
HIV-I seroprevalence in urban areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	0%
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0.02%

Sources: UNAIDS, U.S. Census Bureau, Ministry of Health and Population National AIDS Program

As AIDS cases appeared in Egypt during the second half of the 1980s, Egyptian authorities became actively involved in the prevention and control of HIV. AIDS cases have been reported to the World Health Organization since 1986, and increasing numbers of patients are detected each year. The Egyptian AIDS Society was founded in 1992 as the first nongovernmental organization in Egypt concerned with prevention of HIV and support to AIDS patients.

In 2004, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 12,000 adults and children were living with HIV/AIDS in Egypt. The National AIDS Program (NAP) stated that by the end of 2004 a total of 2,115 cases of HIV/AIDS had been reported to the Ministry of Health and Population. Of these, 1,492 were Egyptians, while the remaining 623 were foreigners. The difference between reported cases and estimates may indicate weaknesses in the surveillance system and barriers to HIV testing. In addition, many of the behavioral risk factors and social determinants of HIV identified in other regions also exist in Egypt and have been documented. Though the adult HIV-prevalence rate is lower than 1% in the general population, concentrations of HIV cases in vulnerable populations are likely.

According to the NAP, of the 475 AIDS cases reported between 1990 and 2004, 90% are male, and 36% fall within the 30–39 age group. The predominant mode of transmission is sexual, accounting for 69% of HIV infections (192 through heterosexual transmission and 102 through homosexual transmission). Of detected AIDS cases, 12% are due to lack of infection control in health care settings and the use of HIV-infected blood and blood products. Unknown modes of transmission accounted for 11% of AIDS cases.

Condemnation by the Muslim majority and the Coptic Christian minority of sex outside marriage, same-sex sexual relations, and the use of illicit drugs has likely prevented the wide spread of HIV. As a result, Egypt's leaders have seen little reason to put HIV/AIDS at the top of their priority list.

Data are scarce on men who have sex with men, migration, and injecting drug use. In Egyptian society, considerable stigma is associated with sex between men, and individuals who engage in such practices may be considered at the highest risk. Approximately three million Egyptians live

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other Arab countries and by Egyptians living abroad. Most of the callers are young men seeking anonymous access to information about AIDS and basic sex education. The NAP has adopted new programs, such as the creation of counseling and testing centers.

Egypt participates in the United Nations Population Fund Global Youth Partner team. The Global Youth Partner Egypt team first identified the major problems among youth with regard to HIV/AIDS: the misconception that Egypt is immune to HIV/AIDS, misinformation about methods of protection and transmission, and stigma and discrimination against people living with HIV/AIDS. The team then divided into subteams to address capacity-building, promotion, and research. The capacity-building team is a member of the national network related to UNAIDS working against HIV/AIDS. The research team is also working to coordinate programs dealing with HIV and other problems, such as hepatitis C and female genital cutting.

USAID SUPPORT

USAID funding for the control of infectious diseases in Egypt, including HIV/AIDS and tuberculosis, was planned for about \$3.5 million in 2004 and \$3.1 million in 2005, primarily through the Improved Disease Surveillance and Response Project. Plans for 2004 were to establish new epidemiological surveillance units in the remaining 8 of Egypt's 27 governorates, expand the HIV control program to 14 demonstration hospitals in 7 more governorates (a total of 13 governorates), extend the information campaign and provide education on infection control and safe injection practices, and fund the first counseling and testing center at the central laboratory of the Ministry of Health and Population. USAID plans for 2005 are to ensure the efficiency of the nationwide epidemiology and surveillance units; expand the HIV control program to the remaining hospitals at the targeted 13 governorates; increase access to anonymous counseling and testing through funding four more counseling and testing centers, including one at the faith-based organization CARITAS; fund a sentinel behavior surveillance site for HIV/AIDS and sexually transmitted infections; and renovate HIV/AIDS inpatient wards in Cairo, Alexandria, and Minia Fever Hospitals. Other plans include sponsoring the training of 16 physicians, nurses, and laboratory

abroad; most are temporary workers in prosperous neighboring countries, and migrants often practice high-risk behaviors.

Every year, Egypt tests about 150,000 persons, mostly young men, who must show they are not infected with HIV, hepatitis C, or hepatitis B to obtain visas to work in Persian Gulf countries. Others who must be tested are blood donors and foreigners who enter Egypt to stay for periods longer than three months.

Only a few antiretroviral drugs for AIDS treatment are available in Egypt, and the Government of Egypt spends the equivalent of \$400 a month for each person's treatment. Black market antiretroviral drugs are very expensive, putting medications out of the reach of many. Egyptian companies have recently begun working to manufacture antiretroviral drugs locally.

NATIONAL RESPONSE

The NAP, located within the Ministry of Health and Population, is the official governmental body responsible for HIV/AIDS prevention. The NAP, which is mainly externally funded, conducts activities based on an annual workplan. Its activities range from awareness workshops in schools to running the HIV/AIDS Hotline. The hotline, developed with a grant from the Ford Foundation and assistance from the United States Agency for International Development (USAID), is considered one of the most innovative prevention activities in the region. On average, the hotline receives more than 1,000 calls per month, some of which are made from

technicians in the United States on the clinical management and laboratory testing of AIDS patients, enhancing care and support for people living with HIV/AIDS, and continuing to bolster quality control of public laboratories.

Home-based care

Through the USAID-funded Implementing AIDS Prevention and Control Activities (IMPACT) Project, Family Health International (FHI) has prepared and released a set of booklets about proper home-based care for people living with HIV/AIDS. The set includes four booklets written entirely in Arabic, which are the first documents of their kind written in the Egyptian context. The series begins with a book about general HIV/AIDS facts and information and ends with more detailed information about healthy eating habits for those infected with HIV. The series also includes special booklets about self-care and caring for children infected and affected by HIV/AIDS.

Human capacity development

Because Egypt has so few known AIDS patients, doctors have little experience with HIV/AIDS patient management. Physicians sometimes refuse to offer HIV care in general hospitals, fearing other patients will not use a facility that is used to treat those living with AIDS. HIV/AIDS patients are typically treated at government-run centers known as fever hospitals, of which there is often one in each of Egypt's 27 governmental districts. FHI is training fever hospital staff to manage HIV/AIDS patients and is also developing clinical curricula for doctors and nurses.

Blood safety

FHI has been working with Egyptian officials to improve the safety of the nation's blood supply. There are more than 250 blood banks in state-run and university hospitals in Egypt. Patients have been infected with HIV from tainted blood transfusions, and kidney dialysis patients have been infected as well. When it was discovered that that blood bank workers did not routinely wear gloves or follow other safe practices to handle blood and body fluids, FHI developed training curricula to address those issues. The IMPACT Project works to improve blood safety and strengthen HIV/AIDS prevention and care activities. The project provides direct technical assistance to the Ministry of Health and Population, with particular efforts toward building the capacity of the National Blood Transfusion Services, the General Directorate of Blood Affairs, and the NAP.

Prevention

FHI is working with a nongovernmental organization called Freedom to manage Egypt's first outreach center for IDUs. FHI has assisted with training Freedom outreach workers and peer educators. By engaging former drug users as outreach workers, Freedom has established strong linkages within the injecting drug user (IDU) community. Current IDUs also visit the outreach center, where they receive counseling, peer education, and medical and nutritional support.

Counseling and testing

Until recently, all HIV-positive cases were required to report to the NAP. Health experts argue that many vulnerable people, afraid of public exposure and social ostracism, feared being tested due to possible repercussions. The HIV counseling and testing centers supported by USAID promise to protect client identities by offering completely anonymous counseling and testing. FHI worked closely with the Ministry of Health and Population to develop policies and guidelines for all counseling and testing centers, along with materials and curricula for training counselors. National counseling and testing guidelines were recently produced under the IMPACT Project to ensure that a standardized approach was taken to counseling and testing nationwide. In addition, a national monitoring and evaluation plan for counseling and testing has been established to ensure a consistent approach to record-keeping and the maintenance of confidentiality.

IMPORTANT LINKS AND CONTACTS

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USAID/Egypt Website: <http://www.usaid-eg.org/>

USAID HIV/AIDS Website for Egypt:

http://www.usaid.gov/our_work/global_health/aids/Countries/ane/egypt.html

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For more information, see http://www.usaid.gov/our_work/global_health/aids/